

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							<b>SERIAL NO.</b>		<b>FILING DATE</b>				
							<b>APPLICANT(S)</b>						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10	1						60						
11		1					61						
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13		1					63						
14		1					64						
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17		1					67						
18		1					68						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>	2						<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>	1816						<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>	18						<b>TOTAL CLAIMS</b>						